AUTHORITY FOR RELEASE OF INFORMATION

(For Fingerprint Card Submission)

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information, to perform a fingerprint search of the State's criminal history record file and/or the Federal Bureau of Investigation for a national criminal history record check, in connection with my fitness to be a child care provider/employee, or other household member of a child care program regulated by the Department of Health and Human Services (DHHS), Division of Child Development, pursuant to N.C.G.S. 114-19.5 and 110-90.2

Last Name	First	Middle	Maiden
(Print or Type)			
Social Security Number	Date of Birth	Sex	Race
I understand that the North Ca its officials and employees sha to DHHS, Division of Child D liability which may be incurred Division of Child Developmen	Il not be held legally account evelopment, and I hereby re d as a result of furnishing su-	table in any way for prolease said agency and putch information. I furthe	oviding this information persons from any and all or understand that DHHS,
Signature of Person Identified Above		Date	
If person identified above is a Signature of Parent or Legal G		sent is also requested.	
01-142-00			
To be submitted to the Divisio criminal history record check,			print card(s), local
		FOR DCD	STAFF ONLY:

DCD-0048.doc

Complete if FBI check Required.

Cards Submitted

INSTRUCTIONS AUTHORITY FOR RELEASE OF INFORMATION

- This form must accompany any fingerprint card(s) that is submitted.
- It must be signed by the person whose name is on the fingerprint card. If the person is under age 18, the signature of a parent or legal guardian must also be obtained for consent of the fingerprint search.
- It can be copied but you can not develop your own form.
- Maintain an original form for ongoing use as new employees are hired.